POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Under the Paperwork Reduction Act of 1995, no persons are re	quired to respond to a collection of information	unless it displays a valid OMB control number.
POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	
	First Named Inventor	
	Title	
	Art Unit	
	Examiner Name	
	Attorney Docket Number	

								_
I hereby ap	point:							
_	titioners associated v	with the Customer Number:						
OR		L						
Practitioner(s) named below:								
		Name		Registration Number				
	attorney(s) or agent(s Office connected the	s) to prosecute the application i	identified abo	ove, and to tra	insact all busines	s in the Un	nited States Patent and	
Please reco	ognize or change the	correspondence address for the	he above-ide	entified applica	ation to:			
∣Ш ті	ne address associate	ed with the above-mentioned C	ustomer Nur	mber:				
OR								
Т	he address associate	ed with Customer Number:						
OR		L						
	Firm or Individual Name							
Addr	ess							
Addr	ess						_	
City				State		Zip		
Cour	•			I Fay I				
I am the:	phone			Fax				
	oplicant/Inventor.							
	•	the entire interest. See 37 CFR	0 2 71					
St	atement under 37 CF	FR 3.73(b) is enclosed. (Form	PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)								
Name								
Signature								
Date					Telephone			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
*Tota	al of f	forms are submitted.						

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.